



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Aetna Life Insurance Company - Self-Insured Health Plans

File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
PV	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PV	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2008	6,732	11,007	12,880	12,994	12,845	12,895	13,339	12,569	14,575	14,229	13,549	14,231	151,845
MC	2009	15,257	12,746	14,362	14,916	13,012	14,323	12,910	13,813	12,790	13,077	11,896	14,204	163,306
MC	2010	11,539	8,078	10,189	9,225	9,065	9,882	8,069	8,221	8,406	9,686	9,219	9,005	110,584
MC	2011	7,746	7,703	9,709	8,606	8,940	8,684	7,146	7,892	7,689	8,498	7,731	7,468	97,812
MC	2012	6,184	4,637	6,248	7,684	6,112	5,484	5,249	5,985	4,854	7,551	6,317		66,305
PC	2008	2,361	2,119	2,186	2,266	2,217	2,106	2,169	2,210	2,270	2,401	2,394	2,541	27,240
PC	2009	2,758	2,641	2,938	2,833	3,067	3,022	2,954	3,042	2,982	3,107	3,016	3,256	35,616
PC	2010	1,697	1,567	2,058	1,757	1,831	1,787	1,721	1,650	1,907	1,774	1,820	1,898	21,467
PC	2011	1,758	1,465	1,708	1,602	1,644	1,517	1,549	1,696	1,600	1,607	1,725	1,836	19,707
PC	2012	1,323	1,502	1,357	1,262	1,276	1,188	1,034	1,137	1,093	1,086	1,038		13,296
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.



